

| ORDER FOR SUPPLIES OR SERVICES | | | | | | | | | | Page 1 Of 6 | | | |
|---|---|---|---|--|--|-----------------------------|---|--|---|--|--|------------------------|--|
| 1. Contract/Purch Order/Agreement No. GS10F0296K | | | 2. Delivery Order/Call No. DAAE20-01-F-0046 | | 3. Date Of Order/Call (YYYYMMDD) 2001AUG17 | | 4. Requisition/Purch Request No. SEE SCHEDULE | | | 5. Priority DOS1 | | | |
| 6. Issued By TACOM-ROCK ISLAND AMSTA-AQ-ARCC FAYE TABER (309)782-3796 ROCK ISLAND IL 61299-7630 EMAIL: TABERF@RIA.ARMY.MIL | | | | Code W52H09 | 7. Administered By (If other than 6) TACOM-ROCK ISLAND AMSTA-AQ-ARCC ROCK ISLAND IL 61299-7630 | | | | Code ZZZZZ5 | 8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other (See Schedule if other) | | | |
| 9. Contractor • HANCOCK MANAGEMENT LLC 27 HERITAGE HILL ROAD WINDHAM NH 03087-0000 Name and Address • • TYPE BUSINESS: Other Small Business Performing in U.S. | | | Code 1HVL5 | Facility • | 10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE | | | 11. X If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned | | | | | |
| | | | | | 12. Discount Terms NET 14 | | | 13. Mail Invoices To the Address in Block See Block 15 | | | | | |
| 14. Ship To SEE SCHEDULE | | | Code | 15. Payment Will Be Made By DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009 | | | | Code HQ0304 | Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2 | | | | |
| 16. Type of Order | Delivery/Call <input checked="" type="checkbox"/> | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | | | | | | | |
| | Purchase | Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein. | | | | | | | | | | | |
| | | Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same. | | | | | | | | | | | |
| Name Of Contractor | | | Signature | | | Typed Name And Title | | | Date Signed (YYYYMMDD) | | | | |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE | | | | | | | | | | | | | |
| 18. Item No. | | 19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price | | | 20. Quantity Ordered/ Accepted* | | 21. Unit | | 22. Unit Price | | 23. Amount | | |
| | | Cost Contract KIND OF CONTRACT: Service Contracts | | | | | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | | 24. United States Of America By: JOYCE L KLEIN /SIGNED/ KLEINJ@RIA.ARMY.MIL (309)782-5051 | | | | | 25. Total \$79,020.00 | | 29. Differences | |
| 26. Quantity In Column 20 Has Been <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted _____ Date Signature Of Authorized Govt Representative | | | | | | | 27. Ship. No. <input type="checkbox"/> Partial <input type="checkbox"/> Final | | 28. D.O. Voucher No. | | 30. Initials | | |
| 36. I certify this account is correct and proper for payment _____ Date Signature And Title Of Certifying Officer | | | | | | | 31. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final | | 32. Paid By | | 33. Amount Verified Correct For | | |
| | | | | | | | | | | | 34. Check Number | | |
| | | | | | | | | | | | 35. Bill Of Lading No. | | |
| 37. Received At | | 38. Received By | | 39. Date Received | | 40. Total Containers | | 41. S/R Account Number | | 42. S/R Voucher No. | | | |

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| <p align="center">CONTINUATION SHEET</p> | <p align="center">Reference No. of Document Being Continued</p> <p align="center">PIIN/SIIN DAAE20-01-F-0046 MOD/AMD</p> | <p align="center">Page 2 of 6</p> |
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Name of Offeror or Contractor: HANCOCK MANAGEMENT LLC

SUPPLEMENTAL INFORMATION

1. THIS ACTION REPRESENTS TASK ORDER DAAE20-01-F-0046 AGAINST GSA MOBIS (SCHEDULE 874) CONTRACT GS-10F-0296K. CLIN 0001 IS FOR TECHNICAL SUPPORT SERVICES FOR TECHNICAL WRITER PUBLICATION SERVICES FOR THE MONITORS, ALARMS, AND DETECTORS IPT OF THE U.S. ARMY SOLDIER AND BIOLOGICAL CHEMICAL COMMAND (SBCCOM) LOCATED IN ROCK ISLAND AS DETAILED IN THE STATEMENT OF WORK (ATTACHMENT 01). CLIN 0002 IS FOR REIMBURSEMENT OF TRAVEL EXPENSES INCURRED BY HANCOCK MANAGEMENT, L.L.C. IN PERFORMANCE OF THE SOW IN ATTACHMENT 01. THE TRAVEL SOW IS AT ATTACHMENT 02. HANCOCK'S PRICING PROPOSAL IS AT ATTACHMENT 03. THE GOVERNMENT RESERVES THE RIGHT TO EXTEND THE CONTRACT BY 2 ONE-YEAR PERFORMANCE PERIODS. THIS BASIC CONTRACT WILL COVER THE PERIOD 10 SEP 2001 - 09 SEP 2002. THE ADDITIONAL PERFORMANCE PERIODS WILL COVER THE PERIOD OF 10 SEP 2002 - 09 SEP 2003 AND 10 SEP 2003 - 09 SEP 2004. THE CONTRACTOR WILL BE NOTIFIED 30 DAYS PRIOR TO THE END OF THE CONTRACT PERIOD, IN WRITING, IF THE GOVERNMENT DECIDES TO EXTEND THE PERIOD OF PERFORMANCE.

2. THE TOTAL DOLLAR AMOUNT FOR THE FIXED PRICE PORTION (CLIN 0001) OF THIS ACTION IS \$72,000.00. HANCOCK MANAGEMENT L.L.C. SHALL BILL UTILIZING A DD250. THE DD250 SHALL BE ACCEPTED AT DESTINATION, WHICH IS SBCCOM (RI), AND APPROVED BY THE DESIGNATED CONTRACTING OFFICER REPRESENTATIVE OR HIS DELEGATEE. THE CONTRACTOR SHALL BE PAID ON THE 15TH AND THE LAST DAY OF EACH MONTH, WHICH EQUATES TO 24 EQUAL PAYMENTS OF \$3,000.00 EACH. TERMS ARE NET 14 DAYS.

3. THE CONTRACTOR TAXPAYER ID IS

4. THE DOLLAR AMOUNT FOR CLIN 0002 IS \$7,020.00 ON A COST-REIMBURSABLE BASIS FOR YEAR 1. THE CONTRACTOR IS TO SUBMIT THE INVOICES FOR TRANSPORTATION, HOTEL, RENTAL CAR AND ANY EXPENDITURES OF \$75.00 OR MORE TO THE COR AT ROCK ISLAND, IL. A DD250 STATING THE TOTAL COST OF ALL TRAVEL EXPENSES IS TO ACCOMPANY THE INVOICES. THE COR WILL VALIDATE THE EXPENSES BY APPROVING THE DD250. THE DD250 WILL SERVE AS THE OFFICIAL REQUEST FOR PAYMENT FROM DFAS.

5. THE PERIOD OF PERFORMANCE FOR THIS TASK ORDER IS 10 SEPTEMBER 2001 THROUGH 09 SEPTEMBER 2002.

6. THE TERMS OF THE GSA CONTRACT APPLY TO THIS TASK ORDER.

*** END OF NARRATIVE A 001 ***

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Name of Offeror or Contractor: HANCOCK MANAGEMENT LLC

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|--------------------|--|----------|------|------------|--------------|
| 0001 0001AA | <p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>SERVICES LINE ITEM</u></p> <p>NOUN: TECHNICAL WRITER SERVICES SECURITY CLASS: Unclassified PRON: S617M001SB PRON AMD: 01 ACRN: AA AMS CD: 422123000004221</p> <p>THIS IS A FIRM-FIXED PRICE CLIN, PAYABLE IN 24 EQUAL INSTALLMENTS OF \$3,000.00 EACH.</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u> DLVR SCH PERF COMPL <u>REL CD</u> <u>QUANTITY</u> <u>DATE</u> 001 0 09-SEP-2002</p> <p>\$ 72,000.00</p> | | LO | | \$ 72,000.00 |
| 0002 0002AA | <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>SERVICES LINE ITEM</u></p> <p>NOUN: TECHNICAL WRITER TRAVEL SECURITY CLASS: Unclassified PRON: S617M002SB PRON AMD: 01 ACRN: AA AMS CD: 422123000004221</p> <p>THIS IS A COST REIMBURSABLE CLIN.</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u> DLVR SCH PERF COMPL <u>REL CD</u> <u>QUANTITY</u> <u>DATE</u> 001 0 09-SEP-2002</p> <p>\$ 7,020.00</p> | | LO | | \$ 7,020.00 |

CONTINUATION SHEET**Reference No. of Document Being Continued**

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MOD/AMD

Name of Offeror or Contractor: HANCOCK MANAGEMENT LLC

CONTRACT ADMINISTRATION DATA

| LINE | PRON / | OBLG | | | | | | | JOB | | | |
|-----------------|------------|------|------|---------------------------|-----------------------------|--------|--|--------|--------|------------|-----------|-----------|
| ITEM | AMS CD | ACRN | STAT | ACCOUNTING CLASSIFICATION | | | | | ORDER | ACCOUNTING | OBLIGATED | |
| | | | | | | | | | NUMBER | STATION | AMOUNT | |
| 0001AA | S617M001SB | AA | 2 | 21 | 12020000016N6N40P4221232512 | S19130 | | 17MCCA | W13G07 | \$ | 72,000.00 | |
| 422123000004221 | | | | | | | | | | | | |
| 0002AA | S617M002SB | AA | 2 | 21 | 12020000016N6N40P4221232512 | S19130 | | 17MCCA | W13G07 | \$ | 7,020.00 | |
| 422123000004221 | | | | | | | | | | | | |
| | | | | | | | | | | TOTAL | \$ | 79,020.00 |

| SERVICE | | | | | | ACCOUNTING | OBLIGATED |
|-------------|----------------------|----------------------------------|-----------------------------|--------|--|----------------|---------------|
| <u>NAME</u> | <u>TOTAL BY ACRN</u> | <u>ACCOUNTING CLASSIFICATION</u> | | | | <u>STATION</u> | <u>AMOUNT</u> |
| Army | AA | 21 | 12020000016N6N40P4221232512 | S19130 | | W13G07 | \$ 79,020.00 |
| | | | | | | TOTAL | \$ 79,020.00 |

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SPECIAL CONTRACT REQUIREMENTS

| | <u>Regulatory Cite</u> | <u>Title</u> | <u>Date</u> |
|---|-------------------------|---|-------------|
| 1 | 52.246-4500 TACOM-RI | MATERIAL INSPECTION & RECEIVING REPORTS (DD FORM 250) | MAY/2000 |

(a) Material Inspection and Receiving Report(s) (DD Form 250), are required to be prepared and furnished to the Government under the clause of this contract entitled 'Material Inspection and Receiving Report'. Distribution of reports to the Purchasing Office (in accordance with DoD FAR Supplement Appendix F) shall be accomplished electronically.

(b) Two copies of the DD Form 250 are required to be submitted to the Purchasing Office. To satisfy this submission requirement electronically, the completed documents may be transmitted via electronic mail, or data fax. The electronic mail addresses for submission are TABERF@RIA.ARMY.MIL and AMSTA-LC-CTRL@ria.army.mil. The data fax numbers for submission are 309-782-1218/ATTN: FAYE TABER and (309) 782-8054 (ATTN: Louise Kalal).

(c) Any additional copies required in accordance with Appendix F may be submitted to the addresses identified below via the U. S. Postal Service:

(End of Clause)

(HS6510)

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| CONTINUATION SHEET | Reference No. of Document Being Continued | | Page 6 of 6 |
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| Name of Offeror or Contractor: HANCOCK MANAGEMENT LLC | | | |

LIST OF ATTACHMENTS

| List of Addenda | Title | Date | Number of Pages | Transmitted By |
|--------------------|-------------------------------------|------|--------------------|----------------|
| Attachment 001 | PERFORMANCE WORK STATEMENT | | 005 | |
| Attachment 002 | CONTRACTOR TRAVEL STATEMENT OF WORK | | 001 | |
| Attachment 003 | HANCOCK'S PRICING PROPOSAL | | 001 | |